TRAV	EL EX	PENSE CLAIN	/1		See Instr	uctions a	and Privac	;y							
STD. 262 (I	REV. 10/92	)			Stateme		verse Side				Page	1	of	1	
							MPLOYEE NU	MBER		MENT					
Matthew David POSITION   CB/ID NUMBER						DIVISION O	D DUDEAU			mor's Office					
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Deputy Chief of Staff RESIDENCE ADDRESS							Inications								
								33			TELEPHONE	NUMBER			
CITY		STATE		ZIP		State C	apitol			STATE	·				
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Marylynam	Just	LOCATION			MEALS	Т	-		T T	RANSPORTA	TION		1		
	WHERE EXPENSES	LODGING		l.					CARFARE				TOTAL		
DATE	TIME	WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF		TOLLS,		CAR USE	EXPENSE	EXPENSES	
DATE	1,,,,,,	WERE MOORINED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
29-Apr	6pm	Burbank > Sac.						176.70				0.00		10/0	
											1	0.00		176.7	
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COLUMN	CODE (	ACCTG. USE ONLY	)	41.65	£ 495	Maria de	13 384	48247	1111111111	0.00		0.00	0.00		
	CLAIM	TOTAL							1				015	. =0	
I IPPOSE		P, REMARKS AND	DETAILS	(Attach ro	aginta wh		- 4\						\$176	0.70	
		or's Tonight Show			ceipis wii	en require	ea)				NORMAL V	VORK HOU	RS		
			проши								PRIVATE VEHICLE LICENSE NUMBER				
		· · · · · · · · · · · · · · · · · · ·									PRIVATE V	EHICLE LIC	ENSE NU	MBER	
						VII.					MILEAGE F	RATE CLAIM	IED.		
300000000000000000000000000000000000000									-		MILEAGE RATE CLAIMED  0.445				
												Y ACCOU	NTINGO	EEICE	
HEREBY CE	RTIFY. The	at the above is a true staten	ment of the tra	vel expenses	incurred by	me in accord	fance with DD	A sulos in the		- Class - 1				FFICE	
		wned vehicle was used an								BATTO POR CANADA SE PARA PARA PARA PARA PARA PARA PARA PAR		USE O			
										ual to or	PAID BY	REVOLVING FU	ND CHECK N	IMBER	
		ned, and that I have met the y and seat belt usage	e requiremen	is as prescrib	ed by SAM S	sections 075	J, U/51,0752,	u/53 and 07	54		5	111	ATY	7	
AIMANT'S SI		y aria seat belt usage		In.	ATE		SIGNATURE OF	E OFFICER 11	DDDOWNS TO	A)/F) +::-	0	-1/	101		
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		PENSE CLAIM	1			ructions a		200			D				
STD. 262 (REV 10/92)  CLAIMANT'S NAME  Stateme							MPLOYEE NU			DEPARTME	Page 1 of 1				
Matthew David POSITION   CB/ID NUMBER						Division S				Govern	nor's Office				
Deputy Chief of Staff						Commu	nications	_			INDEX NUMBER				
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CITY		STATE		ZIP		CITY				STATE			ZIP		
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Mont	Mar	LOCATION			MEALS		-			RANSPORTAT	T		]		
100	OTI	WHERE EXPENSES	LODGING			1	INCIDENTALS	COST OF		CARFARE,	1		BUSINESS	TOTAL	
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER	MODERIALS	TRANS.	TYPE USED	TOLLS,	MILES	AMOUNT	EXPENSE	EXPENSES	
14-Apr	6am	Sac > LA > NYC						/		1		AMOUNT		FOR DAY	
775700 80		NY> Newark > Jacks			.,		1	174.70		40.00 27.10 90.00		0.00		214.70	
15-Apr	4:25pm		son				6.00			90.00		0.00		96.00	
16-Apr		Jackson										0.00		0.00	
17-Apr		Jackson										0.00		0.00	
18-Apr	3:35pm	Jackson > SMF		,				/ 453.90		40.00		0.00		493.90	
												0.00		0.00	
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	CLAIM	TOTAL								8	δ2.	71	\$804	1.60	
		P, REMARKS AND I or's Riverkeeper Sp		(Attach re	ceipts wh	nen require	ed)				NORMAL V	VORK HOU			
		(90)									PRIVATE V	EHICLE LIC	ENSE NU	MBER	
							Thornton Inc.				MILEAGE F	RATE CLAIM	1ED		
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West of the second											AGENC	Y ACCOU	NTING O	FFICE	
		the above is a true statem										USE O	NLY		
		whed vehicle was used and								ual to or	PAID BY	REVOLVING FU	ND CHECK N	JMBER .	
		ed, and that I have met the and seat belt usage.	requiremen	ts as prescrib	ed by SAM !	Sections 0750	0. 0751,0752,	0753 and 07	54		2	410	109		
_AIMANT'S SI				),	ATE	s	GNATUP" ~	-			ENT	100	ATE .		
											*	1	5/5/	12	
GNATURE OF	TITLE OF AL	JTHORITY FOR SPECIAL EX	PENSES		***	-	_		. 9			DA	ATE /	0	
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